PTO/SB/17 (97-07)
Approved for use through (66/30/2010). OMB 6651-0032
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and to a collection of information unless it displays a valid OMB control number

		Complete if Known						
Effe Fees pursuant to the Consol	Application Nur	***************************************		10/724,221-Conf. #9834				
FEE TR		***************************************		December 1, 2003				
{	First Named Im							
Fo	Examiner Name	þ	K. L. Peng					
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	1	1712			
TOTAL AMOUNT OF PAYMENT (S) 790.00			Attomey Docket No. 0171-1044P					
METHOD OF PAYMS	NT (check all	that apply)	***************************************	***************************************				
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION	***************************************	***************************************	***************************************	··········		***************************************	***************************************	
1. BASIC FILING, SEAR	CH, AND EXA	MINATION FEES	***************************************		***************************************		***************************************	
			EARCH FEES	EXAMIN.	ATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$mall Entity \$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fass	Paid (\$)	
Utility	3(0)	150 500		200	100	1.000		
Design	200	100 100		130	65			
Plant	200	100 300		160	80	<u> </u>		
Reissue	300	150 500		600	300		***************************************	
Provisional	200	100		0	0	·	***************************************	
2. EXCESS CLAIM FEES	4 11 1			X.	ν.	***************************************	Small Entity	
Fee Description Fee (\$) Fee (\$)								
Each claim over 20 (including Reissues)						50	25	
Each independent claim over 3 (including Reissues)						200	100	
Multiple dependent claims 360							180	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)					Multiple Dependent Claims			
220x =				Fee (\$) Fee Paid (\$)				
HP = highest number of total of	claims paid for, if gr			····				
		ee (\$) Fee	Paid (\$)					
4 -4=	<u> </u>	**************************************	· · · · · · · · · · · · · · · · · · ·					
HP = highest number of Indep		ror, ir greater man 3.						
3. APPLICATION SIZE F If the specification and (d 100 chapte of name	Combuling starts	intonthe Sta	s sainteinin kara	السلامة المتنصاص		
listings under 37 CFI	R 1.52(e)), the :	application size fee d	ue is \$250 (\$125 f	or small ent	ity) for each ad	ompuici ditional 5	0	
sheets or fraction the	reof. See 35 U	S.C. 41(a)(1)(G) and	137 CFR 1.16(s).		and the second	terre in a constant		
	Extra Sheets	***************************************	additional 50 or frac	***************************************	Fee (\$)	Fee	Paid (\$)	
- 100 = /50 = (mund up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00								
SUBMITTED BY			F		······			
Signature	(Assumeyagant)				Telephone (703) 205-8000			
Name (Print/Type) Gerald M. Murphy, Jr.					Date September 21, 2007			